

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2606AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2008
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF BOULDER CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 MEDICAL PARK DR BOULDER CITY, NV 89005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 11/19/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as an eighty-two (82) beds, Residential Facility for Groups which provides care to fifty three (53) elderly or disabled persons, Category I residents, and twenty-nine (29) persons with Alzheimer's disease, Category II residents.</p> <p>The census at the time of the survey was seventy-four 74 residents. There were forty-five (45) Category I residents and twenty-nine (29) Category II residents.</p> <p>Sixteen (16) resident files were reviewed.</p> <p>Fifteen (15) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 870	Continued From page 1	Y 870			
Y 870 SS=F	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/19/08, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 9 of 16 residents (#2; #4; #5; #6; #9; #12; #14; #15 and #16) residing in the facility for longer than six months.</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 01/01/2000. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Resident #4 was admitted to the facility on 04/01/2006. There was no medication profile</p>	Y 870			

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Y 870	<p>Continued From page 2</p> <p>review in the record.</p> <p>Resident #5 was admitted to the facility on 04/01/2006. There was no medication profile review in the record.</p> <p>Resident #6 was admitted to the facility on 05/01/2007. There was no medication profile review in the record.</p> <p>Resident #9 was admitted to the facility on 05/03/2003. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Resident #12 was admitted to the facility on 04/29/2004. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Resident #14 was admitted to the facility on 03/06/2005. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Resident #15 was admitted to the facility on 04/25/2007. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Resident #16 was admitted to the facility on 06/26/2006. The resident's record failed to show a medication profile review was performed every 6 months.</p> <p>Severity: 2 Scope: 3</p>	Y 870			

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